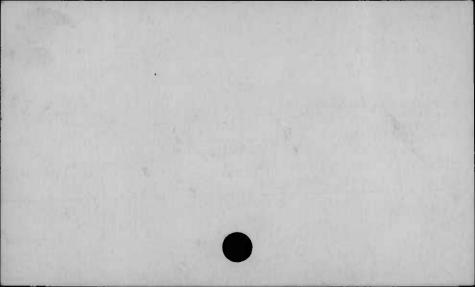
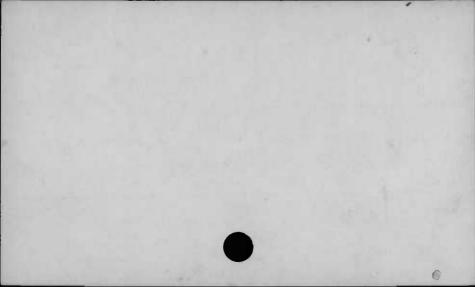
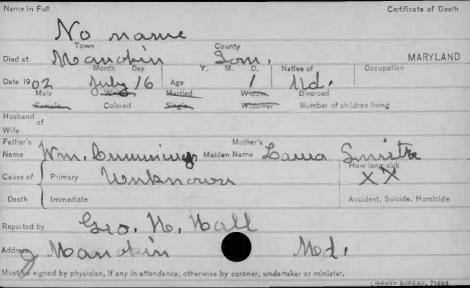
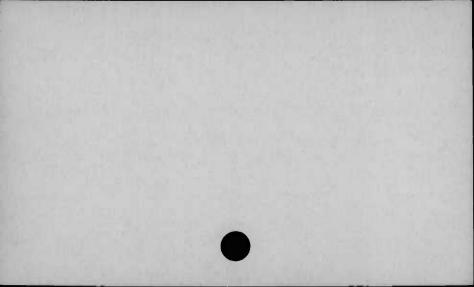
Name in Full Certificate of Death aun Bulland Age 50 Widow Colored Number of children living Husband Wife Father's Name How long sick Cause of Primary Immediate / Leel or 7 a adams windke Mest be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 79898



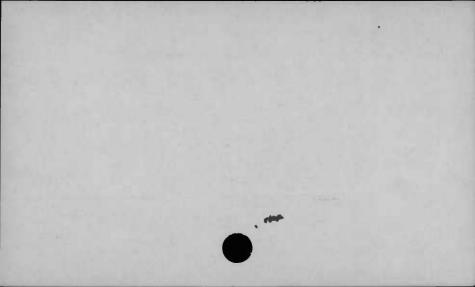
Name in Full Certificate of Death MARYLAND Occupation Native of Date 19 / 2 Divaroed Female Colored Single Number of children living Husband Wife Glooner Brown Maiden Name Fannis Father's Name Cause of Death **Immediate** Accident, Suicide Homicide Reported by Address Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. L'BRARY BUREAU, 79898



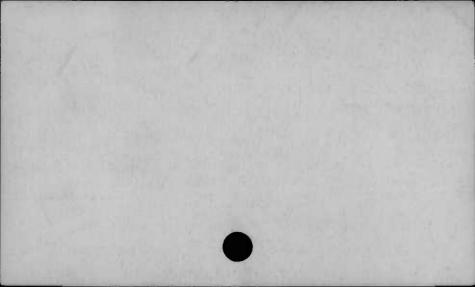




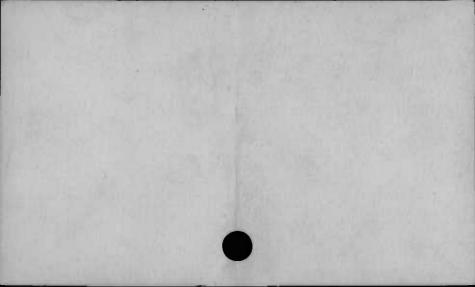
Name in Full Certificate of Death Occupation Day Native of Date 189 0 7 Divorced Female Number of children living Wife Father's Name Cause of Death Reported by Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. 1 BOARY BUDEAU, 79898



Name in Full Certificate of Death Died at Number of children living Husband Wifa Father's Name Cause of Myst be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 79898



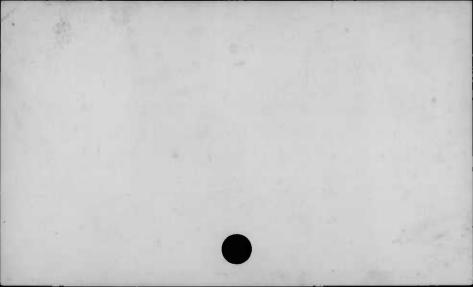
Name in Full Certificate of Death MARYLAND Died at Date 19 0 Female Single Husband Wife Father's Name Cause of Death Accident, Suicide, Homicida Must be signed by physician, if any in attendance, of the



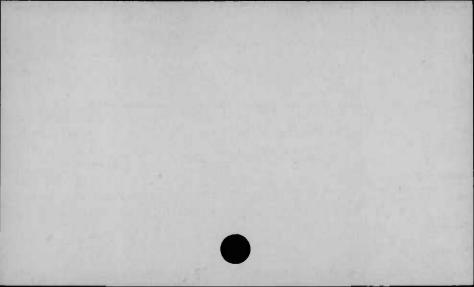
Name in Full Certificate of Death MARYLAND Native of Occupation Male White Wirton Gained Single Widower Number of children living Husband Wife Father's Hilland Pleachast Name Hattee Name Cause of INTECK Death x (ristilla Much be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 70809

Attended by Dr. C	I Chant
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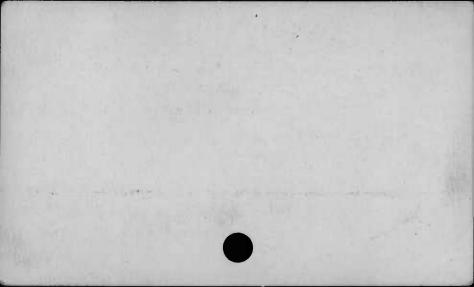
Name in Full Certificate of Death Clara abbot Farrison Wells Island Somersel MARYLAND 4 - Native of Annewige Date 1890 2 July 15 Age 18 Widower Number of children living of Jarry Carrison Wife Seoge Debox Name house Webler Primary Priesperal Eclampin I days Immediate Dulansa Reported by Cly. Olegander Romeret Co. Address Deads blane Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. TIRRARY PUREAU, 75809



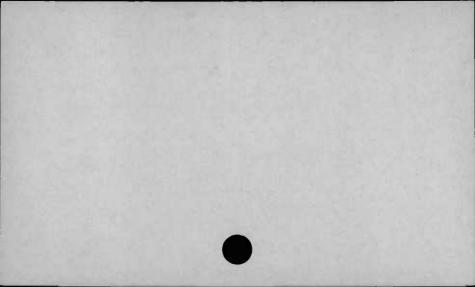
Name In Full Certificate of Death Toolwin Hastings Husbend Wife Ba Stasting Maiden Name Father's Name four weeks Cause of Accident Suicide Hamicide Death Must Margned by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 79898



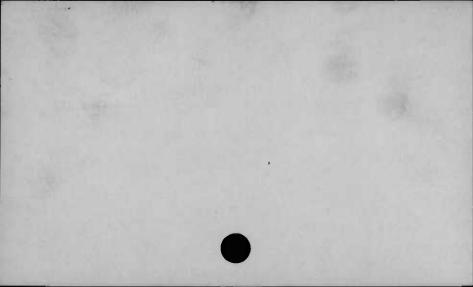
Name In Full Certificate of Death County MARYLAND Native of Age White Married Widow Divorced Female Single Widower Number of children living Husband of Wife Father's Mother's Name Maiden Name Cause of Death **Immediate** Accident, Suicide, Homiclde Reported by Addres Must be signed by physician, if any in attendance, otherwise by coroner, undertakar or minister. IMPARY BUREAU, FEBRO

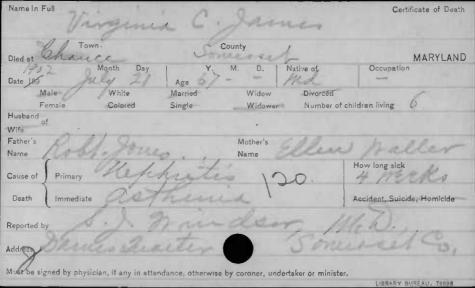


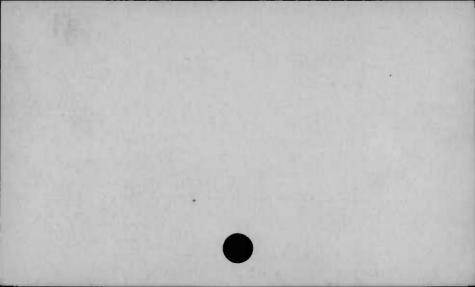
Name In Full Certificete of Death MARYLAND Occupation Month Native of Divorced Married Widower Number of children living Single Husband Wife Father's Name How long sick Cause of Accident, Suicide, Homicide Death Reported by Address igned by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU. 79895



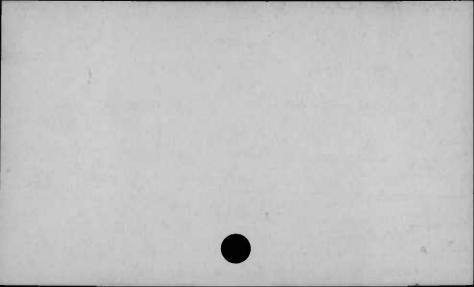
Name in Full Certificate of Death County MARYLAND Native of Occupation Diversed Colored Single Number of children living Husband Wife Father's Name How long sick Cause of Primary Death Immediate Accident Suicide Homicide Reported by Address signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 70808



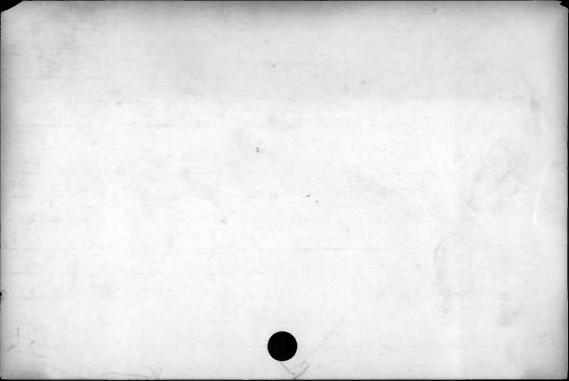




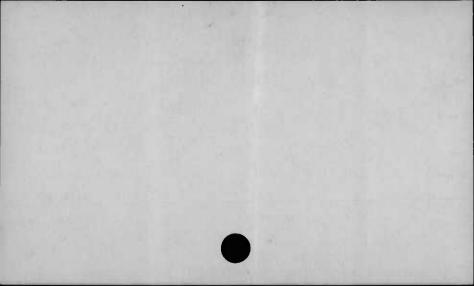
Name in Full Certificate of Death Month Day Native of Massiad Widow Colored Singla Widower Number of children living Husband Wife Fether's Mother's Name Maiden Name How long sick Primary Cause of Accident, Suicide, Homicide Death Immediate Reported by Address Must be grand by physicien, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 79895



Mame CERTIFICATE OF DEATH Fu. MARYLAND Months Days Date Age of death 190 2 Q Birth-place FRIEN ANSWERED Married, Single or Widowed Name of Wife or Husband 38 Father's Father's Birthplace Name 0 Mother's Mother's Birthplace Maiden Name How related Name of person giving to deceased In formation CAUSES OF DEATH Primary How long EB How long PHYSICIAN CORON Immediate Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address DC. Accident or Suicide? LIBRARY BUREAU ABSS16



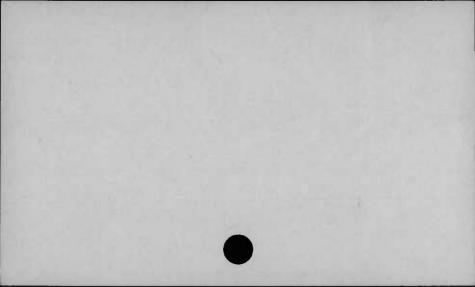
Name in Full Certificate of Death many melon Native of Occupation Widow Divorged. Number of children living Widowa Father's Cause of 30. Truen. Reported by & a-ature m Address Previole City Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 79898



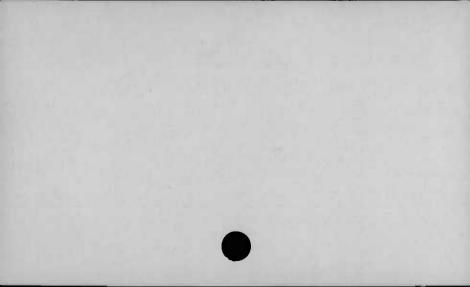
Name in Full Certificate of Death MARYLAND Died at Date 1901 Number of children living Husband Wifam Father's Name Primary Cause of Death Immediate Accident, Suicide, Homicide Address Must be signed by physician, if any in attendance, otherwise . undartakar or minister. LIBRARY BUREAU, 70001



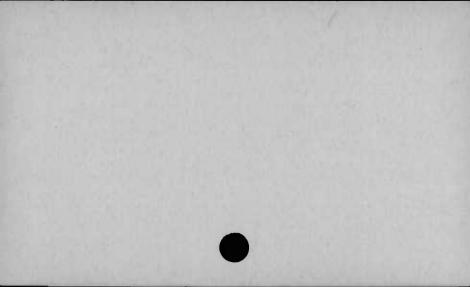
Name in Full Certificate of Death County MARYLAND Native of Occupation Date 1890 2 Married Divorced Female Single Widower Number of children living Husband Wife Father's Name How long sick Cause of Death Accident, Sa **Immediate** Reported by Address Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



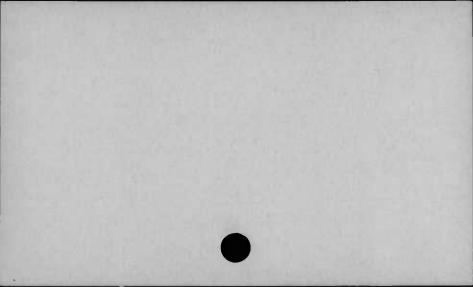
Name in Full Certificate of Death Number of children living Father's Cause of Primary Death Immediate Accident, Suicide, Homicide Reported by Address Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY PUREAU, TRIPE



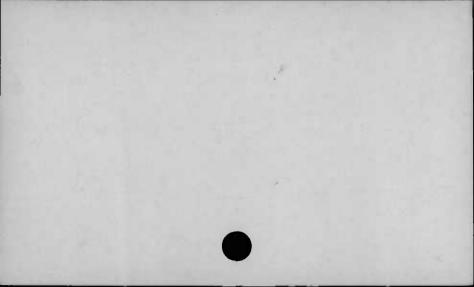
Name in Full Certificate of Death MARYLAND Native of Occupation Date 1990 2 Male Divorced Number of children living Colored Single Husband Wife Father's Cause of Accident, Suicide, Homicide Death Immediate Reported by Address Must be signed by physician, if eny in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 79898



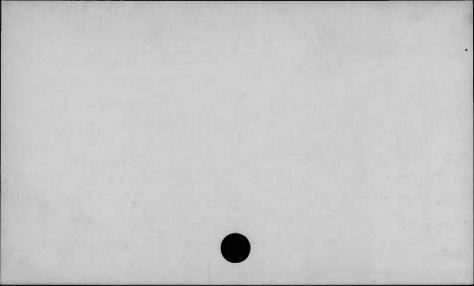
Name in Full Certificate of Death MARYLAND Native of Date 18902 Widow Female Single Widower Number of children living Husband of Wife Benjamin F. Phellips Mother's Florence Father's Cause of Death **Immediate** Reported by Address Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIERARY BUREAU, 79898



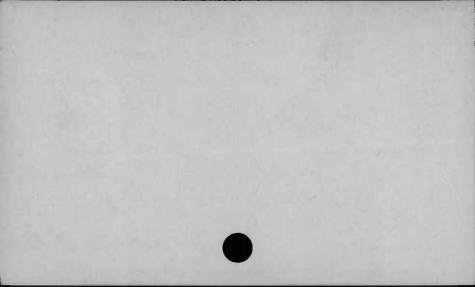
Name in Full Certificate of Death MARYLAND Date 1902 Widawer Single Husband Wife Father's Name How long sick Cause of Death Accident, Suicide, Homfolde Reported by Address Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 79898



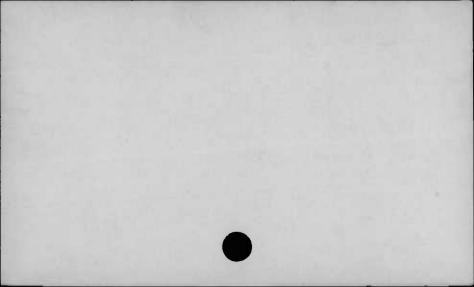
Name in Full Certificate of Death mar MARYLAND Died at 3-10 maryland Date 1902. Age Divorced Number of children living Single Colored Husband of Wife Fether's Neme How long sick one week Cause of Accident Suicide Homiside Deeth Immediate Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. CIERARY BUREAU, 79898



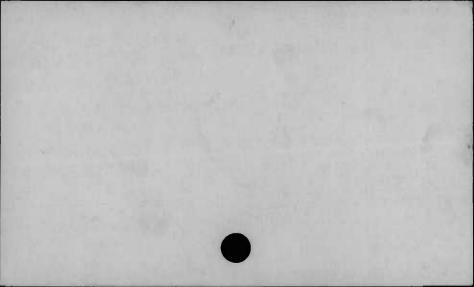
Name in Full Certificate of Death Date 189 2 Single Number of children living Husband Father's Name Cause of Accident, Suicide, Homicide Death Reported by Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU. 79895



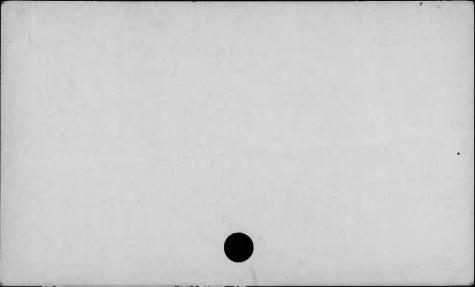
Name in Full Certificate of Death County Date 1902 Married Widow Female Number of children living Single Widowe: Husband Father's Accident, Spicide, Hamicide Must be signed by physician, if any in attendance, otherwise by coronen undertaker or minister. LIBRARY BUREAU, 7989A



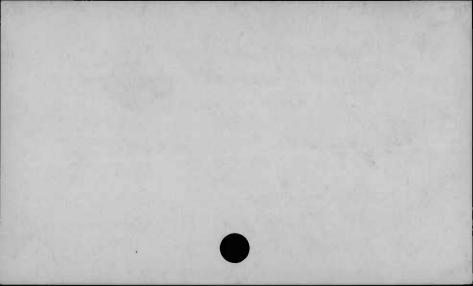
Name in Full Certificate of Death County Native of Occupation Age Married Widow Number of children living Single Widower Husband Wife Father's Mother's Name How long sick Cause of rimary Death Accident, Suicide, Homicide **Immediate** Reported by Address. Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. DERARY BURFAIL, TORGE



Name in Full Certificate of Death County MARYLAND Month Day Native of Occupation Date 19/ 2 Age White Married Widow Divorced Female Colored Single Widower Number of children living Husband of Wife Father's Mother's Maiden Name Name How long sick Cause of Primary Death **Immediate** Accident, Suicide, Homicide Reported by Addres Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 78909



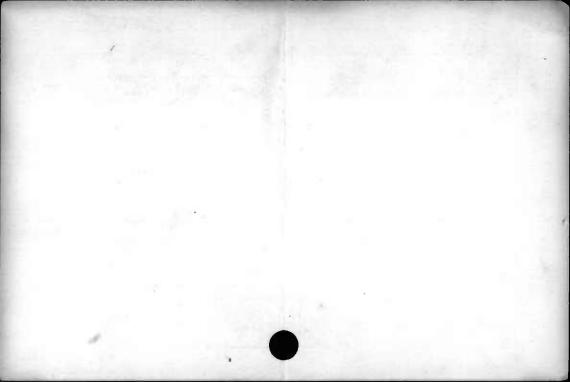
Name In Full Certificate of Death County Date 190 2 Male Widow Female Colored Single Widower Number of children living Husband Wife. Father's Name How long sick Primary Cause of Death **Immediate** Reported by Adde Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or paraister. CHRARY PUBEAU, 79894



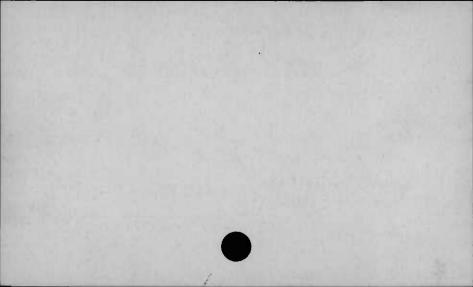
Name in Fy Certificate of Death Kudolph Switzer Married Colored Single Widower Number of children living Husband Wife Father's Name How long sick Cause of Primary Death Accident, Suicide, Homicide Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr.		
of		
Seen by Coroner		
of		
Information conta	ained in this cert	ificate received
from		
of		

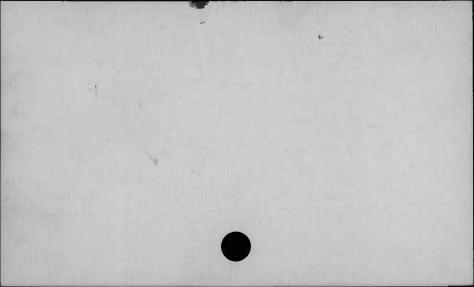
Name in Full MARYLAND Months of death 1902 ANSWERED Occupation Father's Maryland Birthplace Marukand CAUSES OF DEATH Primary ER PHYSICIAN ORON and place correctly given above? Assident or Suicide?



Name in Full Certificate of Death Heunetta Ward Died at Marion Comerset Date 1902 July 6 Age 39 - 12 Many Cand House-wife Married Wisdows Diseased Number of children living never Wife of David Parker Ward Name Salmack B. Johnson Maiden Name Milley ann Horsey Primary Valoular Cardiae Disease Livo months Death Immediate Taralysis from over distintion Accident Suicide, Homicide Reported by Open Blowsie our. Addiess Marron Station, Somerat Co. Must signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 79895



Name In Full Certificate of Death MARYLAND Died at Date 1902 Female Colored Number of children living Husband Wife Father's Name Cause of Death Immediate -Accident, Swiende, Homicia Reported by Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIDRARY BUDEAU, 79808



Name in Full Certificate of Death Elizabeth a. White Dames Quarter, Somerach Number of children living Michorman Name Priscillo Kelly Father's Diarrhour ! Cause of Sthema N. J. Mudsor alues Quarter Must be signed by physician, if any in attendance, otherwise by oner, undertaker or minister. LIBRARY BUREAU, 79898



Name in Full Certificate of Deeth white white Date 19 0 2 Colored Femele Number of children living Husband of Wife Father's George Whithm for Maiden Name Accident, Suicide, Homicide C, W, must histrild Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

